FEC FORM 3X NAME OF

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REPORT OF RECEIPTS AND DISBURSEMENTS

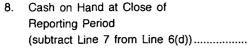
For Other Than An Authorized Committee

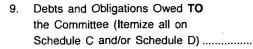
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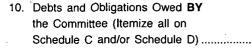
Rev. 12/2004

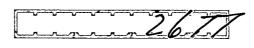
Office Use Only 7 Als 10. 15 TYPE OR PRINT ▼ Example: If typing, type 12FE4M5 MAIL CENTER COMMITTEE (in full) over the lines. ADDRESS (number and street) Check if different than previously reported. (ACC) CITY A FEC IDENTIFICATION NUMBER ▼ STATE A ZIP CODE A 3. IS THIS **AMENDED** REPORT (N) OR (A) TYPE OF REPORT Nov 20 (M11) (Non-Election Year Only) (b) Monthly Feb 20 (M2) May 20 (M5) Aug 20 (M8) Report (Choose One) Due On: Dec 20 (M12) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (Non-Election Year Only) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report (Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 **PRE-Election** Quarterly Report (Q2) Report for the: Special (12S) Convention (12C) October 15 Quarterly Report (Q3) in the January 31 Election on State of Year-End Report (YE) July 31 Mid-Year 30-Day Report (Non-election **POST-Election** Runoff (30R) Special (30S) General (30G) Year Only) (MY) Report for the: Termination Report in the (TER) Election on State of Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer N Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office FEC FORM 3X

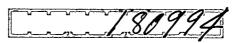
SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Report Covering the Period: From: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period..... (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... Total Disbursements (from Line 31).....











This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 06/2004)	of Receipts	Page 3
Write or Type Committee Name	11011	
/EAM/AU	3 1511	
Report Covering the Period: From:	7 25 2014 TO	o: 11 15 20 4
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other	•	
Than Political Committees		
(i) Itemized (use Schedule A)		
(ii) Unitemized		
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶		Linnann -
(b) Political Party Committees		L. r. r. r. r. r. r. r.
(c) Other Political Committees		
(such as PACs)		transana and
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other		all A
Party Committees		
13. All Loans Received		
15. All Loans neceived		
44 1 6		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)		
to Federal Candidates and Other		
Political Committees		
17. Other Federal Receipts		
(Dividends, Interest, etc.)		
18. Transfers from Non-Federal and Levin Fund	ds Landard Table	
(a) Non-Federal Account		
(from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
,		
(c) Total Transfers (add 18(a) and 18(b))		
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))		
12, 10, 17, 10, 17, and 10(0/)		
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶		
,	(<u></u>	[<u></u>

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A	COLUMN B
21. Operating Expenditures:	Total This Period	Calendar Year-to-Date
(a) Allocated Federal/Non-Federal		
Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating		
Expenditures		
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b)) ▶		
22. Transfers to Affiliated/Other Party		
Committees		
23. Contributions to Federal Candidates/Committees		
and Other Political Committees		
24. Independent Expenditures		
(use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. 6441a(d))		
(2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees		
(such as PACs)		
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))	
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share		
(ii) III aviall Chara		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶		
31. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))		
20, 24, 20, 20, 21, 20(u), 29 and 30(c))		
32. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)		
1011 Line 01/1		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans)		
(from Line 11(d), page 3)		
34. Total Contribution Refunds		
(from Line 28(d))		
35. Net Contributions (other than loans)		
(subtract Line 34 from Line 33)		Landon and Comment
36. Total Federal Operating Expenditures		
(add Line 21(a)(i) and Line 21(b))▶		
37. Offsets to Operating Expenditures		
(from Line 15, page 3)		
38. Net Operating Expenditures		
(subtract Line 37 from Line 36)		

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SCHEDULE A (FEC Form 3X)

PAGE FOR LINE NUMBER: Use separate schedule(s) (check only one)

HEMIZED RECEIPTS	for each category of the Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statement or for commercial purposes, other than using the name a	ts may not be sold or used by any pe and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Mrw (Land) (Landand
City State	e Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		January Olivaria
Name of Employer Occup	pation	1 March
Receipt For: Primary General Other (specify) ▼ Aggre	egate Year-to-Date ▼	19/24/1
Full Name (Last, First, Middle Initial)	,	Date of Receipt
Mailing Address	-	Sar a 1 1000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
City Stat	e Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer Occup	pation	
Receipt For: Primary General Other (specify) ▼	egate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address	•	- Land , Land , Land
City Stat	te Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer Occup	pation .	
Receipt For: Primary General Other (specify) ▼	egate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only)		

SCHEDOLE B (FEC FORM 3X)	Use separate schedule(s)	FOR LINE N	
ITEMIZED DISBURSEMENTS	for each category of the	(check only	one)
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any information copied from such Reports and Staterr or for commercial purposes, other than using the nam	nents may not be sold or used the and address of any political	by any perso committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial)			D. An of Dishamous at
A .			Date of Disbursement
Mailing Address			M. A.
City	State Zip Code		
Purpose of Disbursement			
Candidate Name		Category/	Amount of Each Disbursement this Period
Office Sought: House Disbursen	nent For:	Туре	
Senate	Primary General Other (specify) ▼	,	
State: District:	Other (specify)		•
Full Name (Last, First, Middle Initial) B.			Date of Disbursement
			المحمدما العمقا المحمد
Mailing Address			
City	State Zip Code		
Purpose of Disbursement	l r		
Candidate Name			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
Office Sought: House Disburser	_		
Senate President	Primary General Other (specify) ▼		
State: District:	Other (specify)		
Full Name (Last, First, Middle Initial)			
C.		·	Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name	[[Category/ Type	Amount of Each Disbursement this Period
	ment For:	75-	
Senate President	Primary General Other (specify) ▼		
State: District:			
CURTOTAL of Dishurses and This Days (see			
SUBTOTAL of Disbursements This Page (optional)		······	
TOTAL This Period (last page this line number only))	·····	

SCHEDULE C (FEC FO	rm 3X)			
OANS			PAGE OF	
			FOR LINE 13 OF FORM 3X	
NAME OF COMMITTEE (In Full)		Detailed Summary Page	<u> </u>	
1 1 1	120 110			
F MAN COURSE EN Normal		7	ection:	
LOAN SOURCE Full Name (Last, First, Middle Initial)	/	Pripary	
1 / 1/1/ev	17. / J-/pn	derine 1	General	
Mailing Address	1, 0/		Other (specify) ▼	
1/2/5	German 1	7V9 V/1/0/2	89-	
CHY N/Sa		P Code	Outstanding at Olege of This Desired	
Original Amount of Loan	Summative Payme	ent to Date Balance	Outstanding at Close of This Period	
			18099. 40	
TERMS ' Date Incurred	. Date	e Due Interest Rate	Secured:	
THE TOTAL THE	77			
10/06	0/4 10 64	60196	% (apr) Yes	
List All Endorsers or Guarar	ntors (if any) to Loan Source			
1. Eull Name (Last, First, Mi	de Initial)	Name of Employer	1/2 1	
10/1/04	14. / proper	ras -De/	7 - //	
Mailing Address		Occupation	Attower	
10 / Lee.	swood //VE	Amount		
City	State ZIP Code _	Guaranteed	7677	
/U/Sa.	OH 14120	Outstanding:	7	
2. Full Name (Last, First, Mid	dle Initial)	Name of Employer	Fod CX	
Mailing Address		Occupation		
		Amount		
City	State ZIP Code	Guaranteed Outstanding:		
3. Full Name (Last, First, Mid	dle Initial)	Name of Employer	_ 	
(,			
Mailing Address		Occupation	<u></u>	
		A		
City	State ZIP Code	Amount Guaranteed		
	21110	Outstanding:	<u></u>	
4. Full Name (Last, First, Mic	(dle Initial)	Name of Employer		
Mailing Address		Occupation		
Mailing Address		Occupation		
		Amount		
City	State ZIP Code	Guaranteed		
<u> </u>	- ·	Outstanding:		
SUBTOTALS This Period This F	Page (optional)		18 177 6	
	_ , ,			
TOTALS This Period (last page	in this line only)	> <u>L</u>	-18,077-40	
Carry outstanding halance only	to LINE 3 Schedule D for this t	ine. If no Schedule D. carry forwar	rd to appropriate line of Summer.	

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SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule C

Federal Election Commission, Washington, D.C. 20463		<u> </u>
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	0/
Mailing Address City State Zip Code	Date Incurred or Established Date Due	
A. Has loan been restructured? No Yes B. If line of credit, Amount of this Draw:	If yes, date originally incurred Total Outstanding Balance:	J MVM / DVD / TVYVYY
C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors mut) D. Are any of the following pledged as collateral for the leproperty, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other No Yes If yes, specify:	ust be reported on Schedule C.) loan: real estate, personal deposit, chattel papers,	What is the value of this collateral? Does the lender have a perfected security interest in it? No Yes
E. Are any future contributions or future receipts of intere collateral for the loan? No Yes If yes, s A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:	· -	What is the estimated value?
	City, State, Zip:	
F. If neither of the types of collateral described above was the loan amount, state the basis upon which this loan	s pledged for this loan, or if the was made and the basis on wh	amount pledged does not equal or exceed nich it assures repayment.
G. COMMITTEE TREASURER Typed Name Signature	endering	DATE ZULLA
H. Attach a signed copy of the loan agreement.		
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the te are accurate as stated above. II. The loan was made on terms and conditions (incominal extensions of credit to other borrowers of III. This institution is aware of the requirement that a complied with the requirements set forth at 11 C.	cluding interest rate) no more fa f comparable credit worthiness. a loan must be made on a basis	avorable at the time than those imposed fo
AUTHORIZED REPRESENTATIVE		DATE
Typed Name Signature	Heasoner	70 24 Ze14

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SCHE	OULE D (FEC Form 3X)		(Use separate	PAGE OF
DEBTS	S AND OBLIGATIONS		schedule(s) for each numbered line) FOR LINE NUMBER: (check only one) 9 10	
Excludir	ng Loans			
NAME O	of COMMITTEE (In Full)	USA		
A. F	full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):
City	State Utstanding Balance Beginning This Period	Zip Code		·
	Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	ull Name (Last, First, Middle Initial) of Debtor	or Greator	Nature of C	Debt (Purpose):
City	ng Address State State	Zig Code 4/60	to lot	EC
	Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
	Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of [Debt (Purpose):
City	ing Address	State Zip Code		
Oi	utstanding Balance Beginning This Period			
	Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
1) SUI	BTOTALS This Period This Page (optional)		······ }	47)
2) TO	TALS This Period (last page this line number	only)	<u> </u>	(A)
3) ТО	TAL OUTSTANDING LOANS from Schedule	C (last page only)	>	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
4) AD	D 2) and 3) and carry forward to appropriate	line of Summary Page (last page	only) ▶	

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SCHEDULE L-A (FEC Form 3X)

Use separate schedule(s)

	PAGE		OF
FOR LINE NUMBER (check only one)		1a	 [

TEMIZED RECEIPTS OF LEVIN FUNDS	for each category of the Aggregation Page	FOR LINE NUMBER: (check only one)
Any information copied from such Reports and Statements may n or for commercial purposes, other than using the name and address.	ot be sold or used by any person ess of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (IN FUII)	ISA	
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
Mailing Address	_	Amount of Each Receipt this Period
City Sta	ate Zip Code	Amount of Each Recept this renou
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		
Full Name (Last, First, Middle Initial) / Full Organization Name 8.	186	Date of Receipt
Mailing Address	17/2/14	
City Sta	ate Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business	•	Acceptate Very to Date
Occupation	•	Aggregate Year-to-Date
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
Mailing Address		
City	ate Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		
Occupation		Aggregate Year-to-Date
Full Name (Last, First, Middle Initial) / Full Organization Name D.	3	Date of Receipt
Mailing Address		
City	ate Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		Aggregate Vegeto-Date
Occupation		Aggregate Year-to-Date
SUBTOTAL of Receipts This Page (optional)	•	
TOTAL This Period (last page this line number only)	•	

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Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eipt or Postmarked
A	10/27/14
PREPÄRER (8/2013)	DATE PREPARED